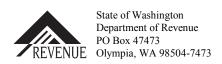
Posting Period	Office Use Only



CONSUMER USE TAX RETURN

PLEASE NOTE

- If you have a current business registration with the Department of Revenue, report use tax for business-related purchases on the Combined Excise Tax Return for the next reporting period.
- To pay use tax on automobiles, vessels, or airplanes, please contact one of our local field offices or call (800) 647-7706 for further assistance.
- This form can be completed on your computer with the use of Adobe Acrobat Reader 4.0 (or later) software. Please fill in all applicable lines, print the return, and mail with check or money order to the address below.

STEP 1 - Directions to Determine Location Code and Tax Rate *

The rate of use tax is determined by the location where the item is first used in Washington. Normally this will be the location of your residence. Use the two drop-down boxes below to show the location of first use. The location code and tax rate will automatically fill in. If you have questions about this return or how to determine the location code, please call (800) 647-7706 or click on http://dor.wa.gov/pub/struc/usetax99.pdf.

Select county where item is first used. Be sure to press tab or enter after selecting county, in order to bring up the correct list of cities:

Select city where the item is first used. If you do not live within the city limits of a listed city, please select the unincorporated area:

STEP 2 – General Description of Items Purchased

Click on the first blank line below and type description of the item. Press tab and type in the value. Press tab to complete line 2 or calculate total use tax.

General Description of Items Purchased (optional)			Value of Items	
				\$
			Total Value	
Make check payable to:	Make check payable to: Department of Revenue	Location Code * Tax Rate	X	
Mail return and check to: Department of Revenue PO Box 47464 Olympia WA 98504-7464	Sub Total			
	(i.e. – sales tax	Less Credit Paid paid in another state)	_	
		Total Use Tax Due	\$	
STEP 3: Consumer Infor	mation – Complete all lin	<u>ies</u>		

Full Name:		Phone No.:		
Mailing Address:	City:	State: WA Zip code:		
Signature:		Date:		
Γο inquire about the availability of this	document in an alternate format for the v	isually impaired, please call (360) 753-3217. Telety	pe (TTY	

(users please call (800) 451-7985.